



Kansas City

**2020
Open
Enrollment**



WE ARE
HERE FOR
GOOD.

2020 Plan & Network Options

PLANS
1, 2, 3

Blue-Care
BASE or MID-LEVEL or PREMIUM
HMO (Health Maintenance Organization)

- You must select a primary care physician
- In-Network coverage only
- Metro Kansas City Area Coverage Only

PLANS
4

Blue Select Plus
EPO Premium
(Exclusive Provider Organization)

NEW Plan
Option

- **Mirrors HMO Premium plan**
- Do not have to select a primary care physician
- In-Network coverage only
- National and International Coverage

PLAN
5

Preferred-Care Blue
Traditional PPO
(Preferred Provider Organization)

- Do not have to select a primary care physician
- In and Out of Network coverage
- National and International Coverage

PLAN
6

Blue Select Plus
KCMO Custom EPO
(Exclusive Provider Organization)

Custom
Plan Option

- **Custom Plan-Level 1 and Level 2 Networks**
- Do not have to select a primary care physician
- In-Network coverage only
- National and International Coverage

PLAN
7

Blue Select Plus
Spira Care EPO
(Exclusive Provider Organization)

- **Access to Spira Care Centers**
- Do not have to select a primary care physician
- In-Network coverage only
- National and International Coverage

Blue-Care**BASE** or **MID-LEVEL** or **PREMIUM**
HMO (Health Maintenance Organization)

- Your HMO offering includes three benefit levels to choose from (base, mid-level and premium)
- Members **must choose** a primary care physician in the HMO Blue-Care network. (Internal Medicine, Family Practice, General Practice, Pediatrician)
- Members may self-refer to specialists in the Blue-Care network
- Members must receive all care from HMO providers except for emergency services
- Coverage for the Kansas City metro area
- Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO Physician

**PLANS
1, 2, 3**
Blue-Care
BASE or MID-LEVEL or PREMIUM
HMO (Health Maintenance Organization)

Key Differences	Blue-Care HMO* Base	Blue-Care HMO* Mid-Level	Blue-Care HMO* Premium
HSA Eligible?	NO	NO	NO
Deductible	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out-of-Pocket Maximum	N/A	N/A	N/A
Office Visits	PCP: \$30 Specialist: \$60	PCP: \$20 Specialist: \$40	PCP: \$15 Specialist: \$30
Preventative Care	100%	100%	100%
Inpatient/ Outpatient Hospital Services	\$500 copay per day/occurrence up to 5 copay maximum	\$300 copay per day/occurrence up to 5 copay maximum	\$100 copay per day/occurrence up to 5 copay maximum
MRI's, PET, CT scans etc.	\$150 copay	\$150 copay	\$150 copay
Urgent Care	\$50 copay	\$30 copay	\$20 copay
Vision Care	\$10 copay	\$10 copay	\$10 copay
Emergency Room	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120

In-Network Hospitals

Hospital Name	HMO Blue-Care (in-network only)	EPO BlueSelect Plus (in-network only)	PPO BlueSelect Plus BlueSaver Base (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA (in-network only)
Center Point Medical Center	YES	NO	NO	NO	NO
Children's Mercy Hospitals	YES	YES	YES	Level 2	YES
KU Medical Center	YES	YES	YES	Level 2	YES
Lee's Summit Hospital	YES	NO	NO	NO	NO
Liberty Hospital	YES	YES	YES	Level 2	YES
Menorah Medical Center	YES	NO	NO	NO	NO
North Kansas City Hospital	YES	YES	YES	Level 2	YES
Olathe Medical Center	YES	YES	YES	Level 2	YES
Overland Park Regional	YES	NO	NO	NO	NO
Providence Medical Center	YES	NO	NO	NO	NO
Research Medical Center	YES	NO	NO	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	NO	Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	Level 2	YES

EPO Premium

BlueSelect Plus Network

- Your EPO offers copays for covered services
- **Requires** you to seek care from an in-network provider, unless for an emergency
- Does not require selection of a primary care physician, referrals to specialists or other healthcare providers
- Provides National and International coverage

BlueSelect Plus Network



Over 3,600 Providers
10 Top Hospitals

Best for members who:

✓ Live or work in one of these twelve counties:

Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell

Kansas: Johnson and Wyandotte

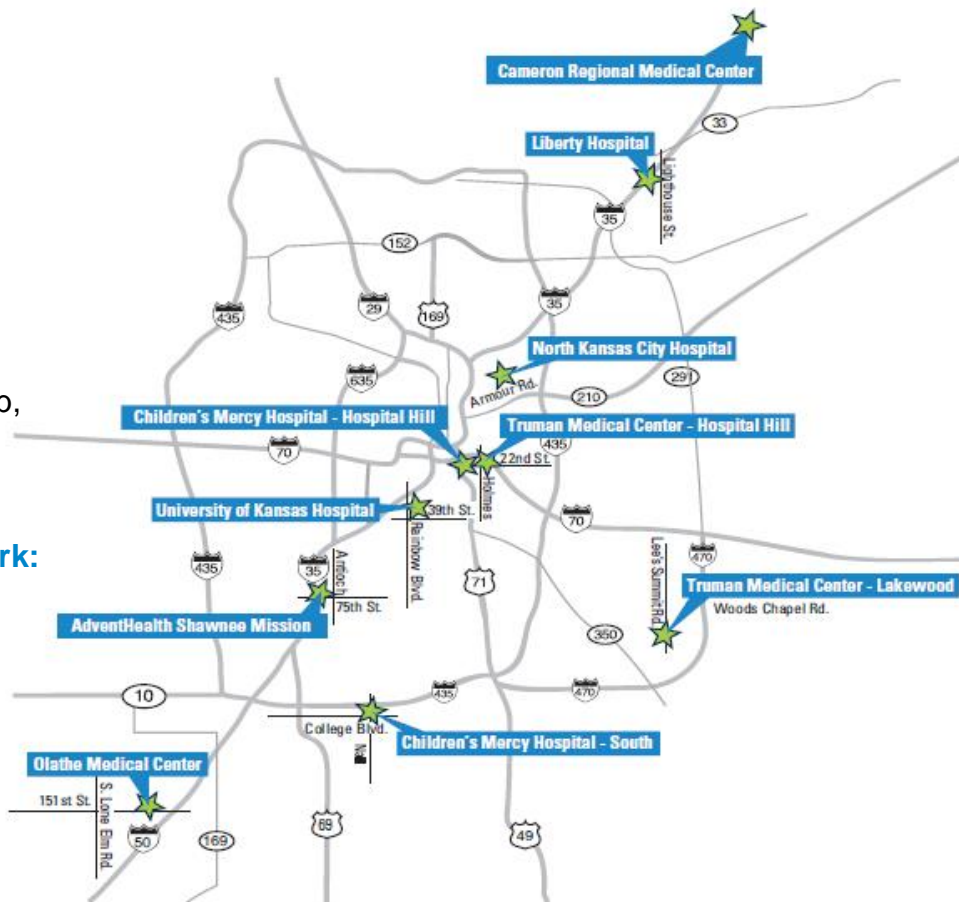
✓ Seek care in the six-county BlueSelect Plus network:

Missouri: Clinton, Clay, Jackson, Platte

Kansas: Johnson and Wyandotte

Hospitals included in the network:

- AdventHealth Shawnee Mission
- Cameron Regional Medical Center
- Children's Mercy (Hospital Hill and South)
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Truman Medical Center (Hospital Hill and Lakewood)
- University of Kansas Hospital



All other hospitals in Blue KC's service area considered out of network

BlueSelect Plus EPO Plan Type

1 IN NETWORK PROVIDERS IN THESE COUNTIES

- **Missouri:** Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
- **Kansas:** Johnson, Wyandotte

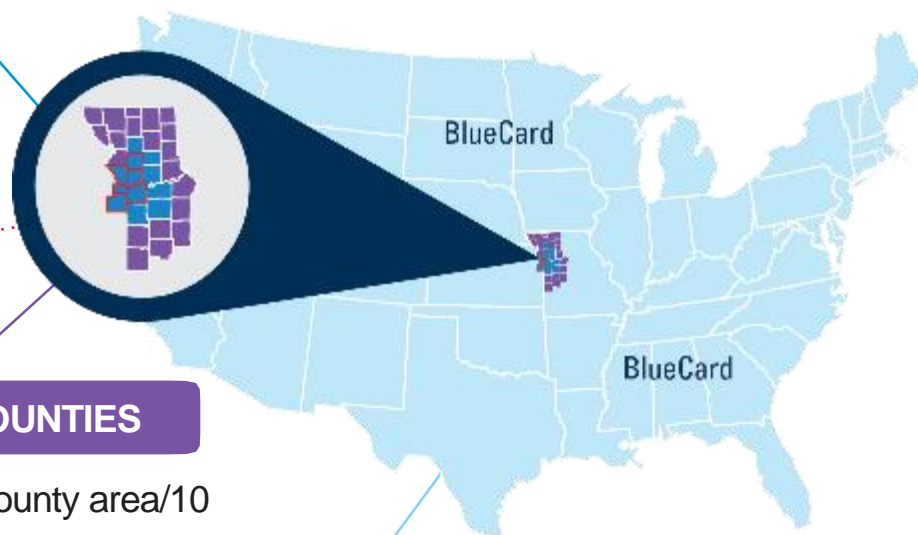
Includes **3,600+ providers** and **10 hospitals¹** primarily located in these six counties

2 OUT OF NETWORK PROVIDERS IN THESE COUNTIES

No out of network coverage when outside the 12 county area/10 hospital network except for emergencies.

3 IN NETWORK PROVIDERS THROUGH BLUECARD

National and International coverage through the BlueCard program providing in-network access to medical care when you travel



PLAN
4

Blue Select Plus EPO

Exclusive Provider Organization

NEW Plan
Option



Key Differences	Blue Select Plus EPO Exclusive Provider Organization
HSA Eligible?	NO
Deductible	N/A
Coinsurance	N/A
Out-of-Pocket Maximum	\$3,500 individual/ \$7,000 family (copays apply to OOPM)
Office Visits	PCP: \$15 Specialist: \$30
Preventative Care	100%
Inpatient/ Outpatient Hospital Services	\$100 copay per day/occurrence up to 5 copay maximum
MRI's, PET, CT scans etc.	\$150 copay
Urgent Care	\$20
Vision Care	\$10
Emergency Room	\$175 copay copay waived if admitted

In-Network Hospitals

NEW!

Hospital Name	HMO Blue-Care (in-network only)	EPO BlueSelect Plus (in-network only)	PPO BlueSelect Plus BlueSaver Base (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA (in-network only)
Center Point Medical Center	YES	NO	NO	NO	NO
Children's Mercy Hospitals	YES	YES	YES	Level 2	YES
KU Medical Center	YES	YES	YES	Level 2	YES
Lee's Summit Hospital	YES	NO	NO	NO	NO
Liberty Hospital	YES	YES	YES	Level 2	YES
Menorah Medical Center	YES	NO	NO	NO	NO
North Kansas City Hospital	YES	YES	YES	Level 2	YES
Olathe Medical Center	YES	YES	YES	Level 2	YES
Overland Park Regional	YES	NO	NO	NO	NO
Providence Medical Center	YES	NO	NO	NO	NO
Research Medical Center	YES	NO	NO	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	NO	Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	Level 2	YES

- Custom plan for City of Kansas City, Missouri employees
- **Requires** you to seek care from an in-network provider, unless for an emergency
- **Non-emergency services received from out-of-network providers will not be covered**
- Includes **TWO NETWORK LEVELS**
 - **Level 1:** Saint Luke's Hospitals and Providers
 - **Level 2:** BlueSelect Plus Hospitals and Providers
- Does not require selection of a primary care physician, referrals to specialists or other healthcare providers

LEVEL 1

**Saint Luke's Hospitals
and providers**

Offers the richest benefits



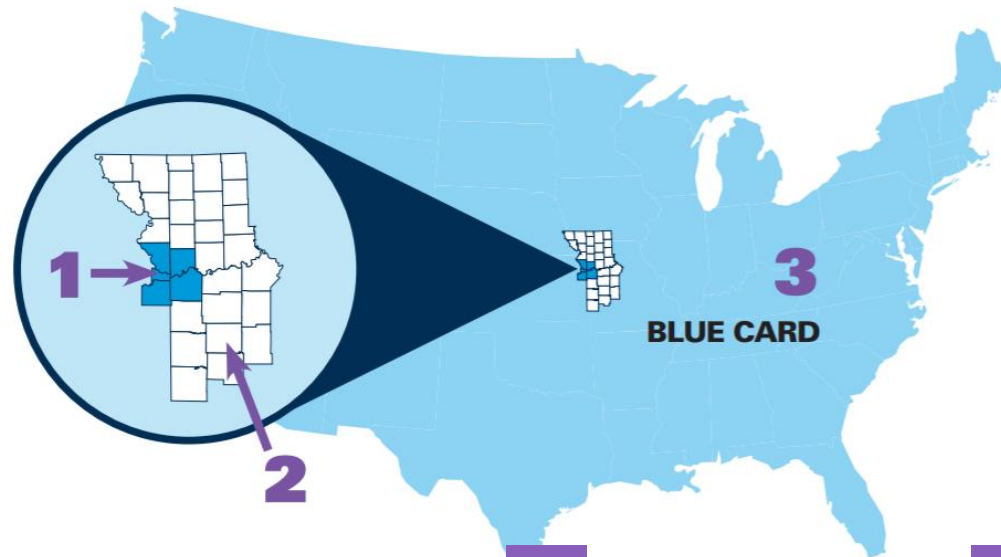
Level 2

**Extended access to
BlueSelect Plus Hospitals
and providers**



 Hospitals in Level 1 Network

 Hospitals in Level 2 Network



1 LEVEL 1 + Level 2

When receiving care in the KCMO Custom Plan **Level 1 Saint Luke's** or Level 2 BlueSelect Plus Network (Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas)

In-network coverage when using the 400+ providers and 6 Saint Luke's hospitals OR 3,600+ providers and 9 BlueSelect Plus hospitals in the KC metro

Important: All other hospitals/providers in the KC metro area **not in the BlueSelect Plus** network are out of network. With the PPO, out-of-network benefits provide some coverage, but higher out-of-pocket costs apply. * Emergency services are covered at the in-network cost share.

2

When receiving care outside the **Level 1 Saint Luke's** or Level 2 BlueSelect Plus Network within the 32-county Blue KC service area

No coverage except for emergency services. You will be responsible for 100% of the costs

3

When receiving care outside the 32-county Blue KC service area (when traveling or on vacation, for example)

You have access to the BlueCard network which provides you in-network access to medical care. If you use a non-BlueCard provider, you do not have out-of-network coverage except for emergency services*

Key Differences	KCMO Custom Plan EPO* Saint Luke's + BlueSelect Plus	
HSA Eligible?	NO	
	Level 1 Saint Luke's	Level 2 BSP and BlueCard
Deductible	N/A	N/A
Coinsurance	N/A	N/A
Out-of-Pocket Maximum	\$3,000 individual / \$6,000 fam (copays apply to OOPM)	\$4,000 individual / \$8,000 fam (copays apply to OOPM)
Office Visits	PCP: \$10 Specialist: \$20	PCP: \$20 Specialist: \$60
Preventative Care	100%	
Inpatient/ Outpatient Hospital Services	\$100 copay per day/occurrence 5 copay maximum	\$300 copay per day/occurrence 5 copay maximum
MRI's, PET, CT scans etc.	\$150 copay	
Urgent Care	\$15 copay	\$50 copay
Vision Care	Not Covered	Not Covered
Emergency Room	\$175 copay copay waived if admitted	
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120	

In-Network Hospitals

Hospital Name	HMO Blue-Care (in-network only)	EPO BlueSelect Plus (in-network only)	PPO BlueSelect Plus BlueSaver Base (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA (in-network only)
Center Point Medical Center	YES	NO	NO	NO	NO
Children's Mercy Hospitals	YES	YES	YES	Level 2	YES
KU Medical Center	YES	YES	YES	Level 2	YES
Lee's Summit Hospital	YES	NO	NO	NO	NO
Liberty Hospital	YES	YES	YES	Level 2	YES
Menorah Medical Center	YES	NO	NO	NO	NO
North Kansas City Hospital	YES	YES	YES	Level 2	YES
Olathe Medical Center	YES	YES	YES	Level 2	YES
Overland Park Regional	YES	NO	NO	NO	NO
Providence Medical Center	YES	NO	NO	NO	NO
Research Medical Center	YES	NO	NO	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	NO	Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	Level 2	YES

Check if your provider is in the KCMO Custom Plan network.

LEVEL 1

Saint Luke's
Providers & Hospitals

1. Log into [MyBlueKC.com](https://mybluekc.com). If this is your first time logging in, you will need your Blue KC member ID card for reference.
2. Once logged in, click **Find Care**. Then select the **Find Level 1 Providers** button.

FIND LEVEL 1 PROVIDERS

3. A directory will open that lists the Level 1 providers in network.

LEVEL 2

BlueSelect Plus
Providers & Hospitals

1. Log into [MyBlueKC.com](https://mybluekc.com). If this is your first time logging in, you will need your Blue KC member ID card for reference.
2. Once logged in, click **Find Care**. Then select **Find a Doctor**.
3. On the search page, click in the box under **Choose a health plan**. A new window will appear; select **Medical Network** then choose **BlueSelect Plus**.
4. Next enter your location then enter any other search terms such as provider or hospital name, health condition, or specialist type.

Spira Care + BlueSelect Plus

EPO (Exclusive Provider Organization)



- Unique plan offering comprehensive integrated primary care with access to SPIRA care centers
- In the metropolitan area, member have access to the SPIRA care centers and the BlueSelect Plus network. Outside the KC area members can access the BlueCard network for their healthcare needs
- **Requires** you to seek care from an in-network provider, unless for an emergency
- **Non-emergency services received from out-of-network providers will not be covered**
- Does not require selection of a primary care physician, referrals to specialists or other healthcare providers

- No copays*, no deductibles and no additional costs for procedures at the Care Centers
- Spira Care Centers for primary care needs paired with your plan's network for any needs outside the Care Centers.

*For Spira Care members, there are no additional costs for any procedure provided at Spira Care Centers, but select prescriptions will be offered on-site at your regular copay or deductible level.

Personal care with no deductibles, no copays*



**+ COMPREHENSIVE SERVICES AND
CONVENIENT BENEFITS.**

Extended Benefits at the Care Centers

COMPREHENSIVE SERVICES



Routine
Preventative Care



Adult & Pediatric
Primary Care



Chronic Condition
Management



Behavioral Health
Services



Digital
X-Rays⁺



Lab
Draws

CONVENIENT BENEFITS



Common Prescriptions
Filled On-Site*



Specialist Referrals
& Scheduling



Patient Wellness
Follow-Ups



Outside-of-Care
Center Support



Extended Full-
Service Hours

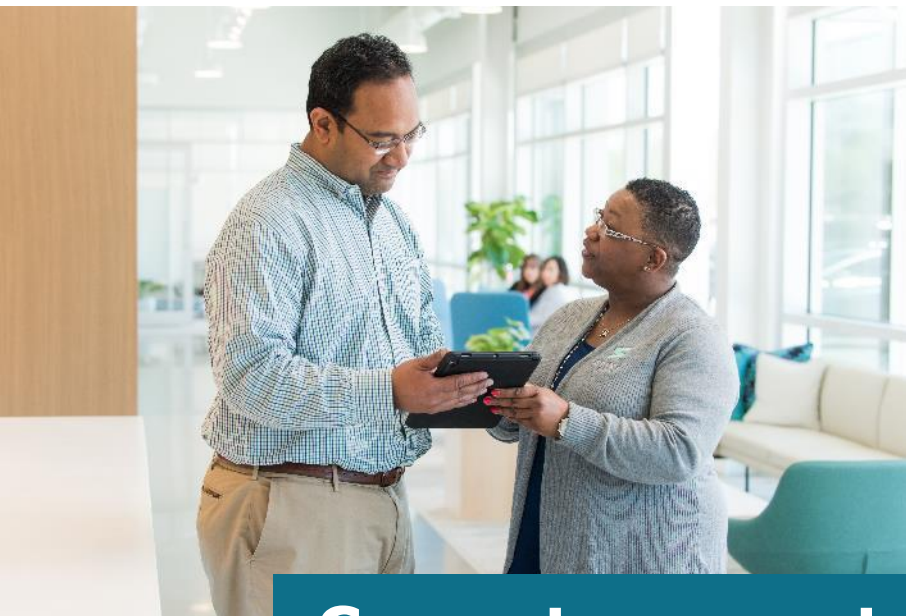


Access to A Healthier
You Platform

⁺ X-rays are available at select locations only, but are at no additional cost to members.

^{*} Select prescriptions will be offered on-site at your regular copay or deductible level.

Spira Care Team



Care at every step



A Care Team, including your physicians and nursing staff, with a passion for family care and a dedication to wellness.



Access to a team of Care Guides

- Coordinate care
- Answer questions
- Explain benefits

THERE'S A CARE CENTER NEAR YOU

CROSSROADS

1916 Grand Boulevard
Kansas City, MO 64108

LEE'S SUMMIT

760 NW Blue Parkway
Lee's Summit, MO 64086

LIBERTY

8350 N Church Road
Kansas City, MO 64158

OLATHE

15710 W 135th Street, Suite 200
Olathe, KS 66062

SHAWNEE

10824 Shawnee Mission Parkway
Shawnee, KS 66203

WYANDOTTE

NOW OPEN!

9800 Troup Avenue
Kansas City, KS 66111
(just East of Legends Outlets)

TIFFANY SPRINGS

NOW OPEN!

8765 N Ambassador Drive
Kansas City, MO 64154
(Northland area)



Take a virtual tour at

[SpiraCare.com/TourGuide](https://www.SpiraCare.com/TourGuide)

Options for Receiving Care



Spira Care Centers with integrated primary care services

Spira Care EPO – No additional cost for services at a Spira Care Center



Your plan's network for services outside the Care Centers

EPO:

In an Exclusive Provider Organization (EPO) insurance model members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network will not be covered.



PLAN
7

Spira Care + BlueSelect Plus

EPO (Exclusive Provider Organization)



Kansas City

BlueKC.com	In-Network	Out-of-Network
Deductible: Individual/Family	Individual: \$1,000 Family \$2,000	Not Covered
Coinsurance (<i>your share</i>):	Member Pays: 0% Plan Pays: 0%	Not Covered
Inpatient or Outpatient Services	Deductible	Not Covered
Radiology	Spira: No Charge Non-Spira: Deductible	Not Covered
Other Radiology (MRI, MRA, CT and PET Scans) <i>Physician's Office, Imaging Center, Outpatient Setting, Hospital</i>	Deductible	Not Covered
Office Visits	Spira: No Charge Non-Spira: Deductible	Not Covered
Urgent Care <i>(Minute Clinics, Take Care Centers)</i>	Spira: No Charge Non-Spira: Deductible	Not Covered
Emergency Room	Deductible	
Prescriptions	Tier 1: \$15 Co-Pay Tier 2: \$50 Co-Pay Tier 3: Deductible	Not Covered
Out-of-Pocket Maximum:** Individual	\$1,000	Not Covered
Out-of-Pocket Maximum:** Family	\$2,000	Not Covered

**Out-of-Pocket Maximum includes all medical and Rx copays.

In-Network Hospitals

Hospital Name	HMO Blue-Care (in-network only)	EPO BlueSelect Plus (in-network only)	PPO BlueSelect Plus BlueSaver Base (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA (in-network only)
Center Point Medical Center	YES	NO	NO	NO	NO
Children's Mercy Hospitals	YES	YES	YES	Level 2	YES
KU Medical Center	YES	YES	YES	Level 2	YES
Lee's Summit Hospital	YES	NO	NO	NO	NO
Liberty Hospital	YES	YES	YES	Level 2	YES
Menorah Medical Center	YES	NO	NO	NO	NO
North Kansas City Hospital	YES	YES	YES	Level 2	YES
Olathe Medical Center	YES	YES	YES	Level 2	YES
Overland Park Regional	YES	NO	NO	NO	NO
Providence Medical Center	YES	NO	NO	NO	NO
Research Medical Center	YES	NO	NO	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	NO	Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	Level 2	YES



Learn more at
SpiraCare.com

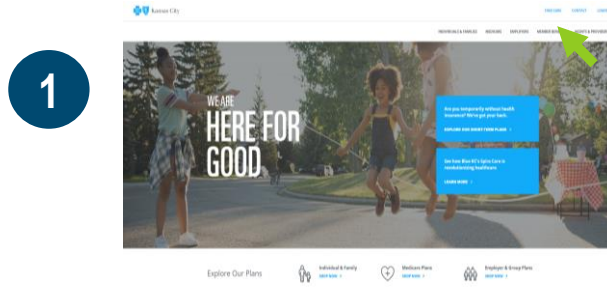
Preferred-Care Blue
Traditional PPO
(Preferred Provider Organization)

- Your PPO offering includes your choice of
 - a) Traditional plan, or
 - b) Qualified High Deductible Health Plan with Health Savings Account
- **Encourages** you to seek services from a network of participating providers
- Does not require a primary care physician, referrals to specialists or other healthcare providers
- You can receive care from **any** hospital or physician but receive greater benefits when you use the Preferred-Care Blue network

Key Differences	Preferred-Care Blue* Traditional
HSA Eligible?	NO
Deductible	\$500 individual / \$1,000 fam
Coinsurance	Member pay: 10% BC pay: 90%
Out-of-Pocket Maximum	\$2,500 individual / \$5,000 fam (copays do not apply to OOPM)
Office Visits	\$20 copay
Preventative Care	100%
Inpatient/ Outpatient Hospital Services	Deductible then 10%
MRI's, PET, CT scans etc.	Deductible then 10%
Urgent Care	\$20 copay
Vision Care	Not Covered
Emergency Room	\$175 copay + Ded. +10% copay waived if admitted
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120

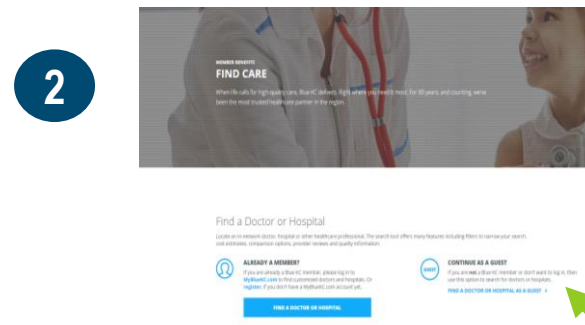
In-Network Hospitals

Hospital Name	PPO Preferred-Care Blue Traditional and BlueSaver Premium (in and out of network)	PPO BlueSelect Plus BlueSaver Base (in and out of network)
Center Point Medical Center	YES	NO
Children's Mercy Hospitals	YES	YES
KU Medical Center	YES	YES
Lee's Summit Hospital	YES	NO
Liberty Hospital	YES	YES
Menorah Medical Center	YES	NO
North Kansas City Hospital	YES	YES
Olathe Medical Center	YES	YES
Overland Park Regional	YES	NO
Providence Medical Center	YES	NO
Research Medical Center	YES	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES
St. Joseph Medical Center	NO	NO
St. Luke's (All Locations)	YES	NO
St. Mary's Medical Center	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES



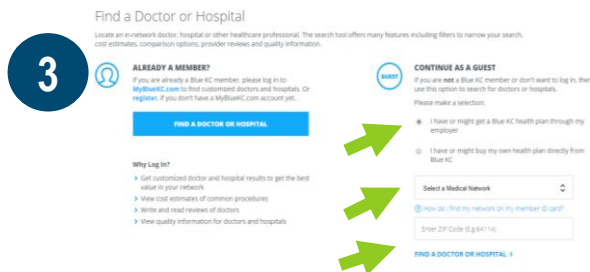
1

Go to **BlueKC.com**
Click on **Find Care**



2

Scroll down and click on
Find a Doctor or Hospital as a Guest



3

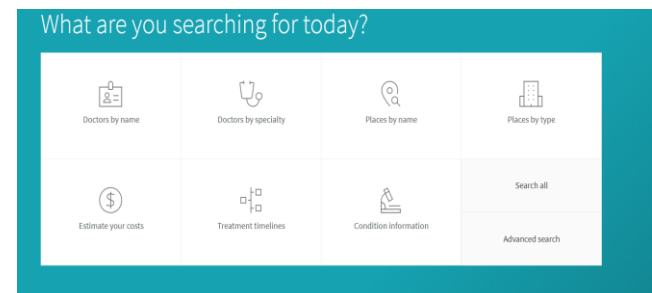
Choose **I have or might get a Blue KC health plan through my employer**

Select your **network** from the drop down menu

Enter your **zip code** then Click on **Find a Doctor or Hospital**.



4



Choose a **Search Term** (such as doctor name, specialty or places by name or type) and click **Search**

PLAN
5

Preferred-Care Blue Traditional PPO (Preferred Provider Organization)

Choose a health plan

Blue-Care

Choose search location

Start your search here

Search

Advanced Search

< Medical Networks

Medical Networks

Blue Access

Blue-Care

BlueSelect (Select)

BlueSelect Plus

Preferred-Care

Preferred-Care Blue (PCB)

Find a

Get detailed information

e to go

Address information

NEW!

Key Differences	HMO* Base	HMO* Mid-Level	HMO* Premium	EPO Premium	PPO Traditional	EPO KCMO Custom Plan		EPO SPIRA CARE
Network	Blue-Care	Blue-Care	Blue-Care	BlueSelect Plus	Preferred-Care Blue	St. Luke's + BlueSelect Plus		BlueSelect Plus
HSA Eligible?	NO	NO	NO	NO	NO	NO		NO
						Level 1 St. Luke's	Level 2 BSP and BlueCard	
Deductible (Deductible is Calendar Year 1/1-12/31)	N/A	N/A	N/A	N/A	\$500 individual / \$1,000 fam	N/A	N/A	\$1,000 indiv/ \$2,000 fam
Coinsurance	N/A	N/A	N/A	N/A	Member pay: 10% BC pay: 90%	N/A	N/A	Member pay: 0% BC pay: 100%
Out-of-Pocket Maximum (OOP is Calendar Year 1/1-12/31)	N/A	N/A	N/A	\$3,500 individual /\$7,000 fam (copays apply to OOPM)	\$2,500 individual / \$5,000 fam (copays do not apply to OOPM)	\$3,000 individual / \$6,000 fam (copays apply to OOPM)	\$4,000 individual / \$8,000 fam (copays apply to OOPM)	\$1,000 individual / \$2,000 fam (copays apply to OOPM)
Office Visits	PCP: \$30 Specialist: \$60	PCP: \$20 Specialist: \$40	PCP: \$15 Specialist: \$30	PCP: \$15 Specialist: \$30	\$20 copay	PCP: \$10 Specialist: \$20	PCP: \$20 Specialist: \$60	SPIRA CARE – \$0 All Others – Deductible then 0%
Preventative Care	100%	100%	100%	100%	100%	100%		100%
Inpatient/ Outpatient Hospital Services	\$500 copay per day/occurrence up to 5 copay maximum	\$300 copay per day/occurrence up to 5 copay maximum	\$100 copay per day/occurrence up to 5 copay maximum	\$100 copay per day/occurrence up to 5 copay maximum	Deductible then 10%	\$100 copay per day/occurrence 5 copay maximum	\$300 copay per day/occurrence 5 copay maximum	Deductible then 0%
MRI's, PET, CT scans etc.	\$150 copay	\$150 copay	\$150 copay	\$150 copay	Deductible then 10%	\$150 copay		Deductible then 0%
Urgent Care	\$50 copay	\$30 copay	\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$50 copay	SPIRA CARE – \$0 All Others – Deductible then 0%
Vision Care	\$10 copay	\$10 copay	\$10 copay	\$10 copay	Not Covered	\$10 copay	\$10 copay	Deductible then 0%
Emergency Room	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay + Ded. +10% copay waived if admitted	\$175 copay copay waived if admitted		Deductible then 0%
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120		Retail: \$15/50/Ded. Mail Order: \$15/125/ Deductible

*Only Emergency Services are covered outside of the BlueKC 32 county coverage area. Non-emergency services are not covered.

In-Network Hospitals

NEW!

Hospital Name	HMO Blue-Care (in-network only)	EPO Premium BlueSelect Plus (in-network only)	PPO Preferred-Care Blue Traditional (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA CARE (in-network only)
Center Point Medical Center	YES	NO	YES	NO	NO
Children's Mercy Hospitals	YES	YES	YES	YES: Level 2	YES
KU Medical Center	YES	YES	YES	YES: Level 2	YES
Lee's Summit Hospital	YES	NO	YES	NO	NO
Liberty Hospital	YES	YES	YES	YES Level 2	YES
Menorah Medical Center	YES	NO	YES	NO	NO
North Kansas City Hospital	YES	YES	YES	YES: Level 2	YES
Olathe Medical Center	YES	YES	YES	YES: Level 2	YES
Overland Park Regional	YES	NO	YES	NO	NO
Providence Medical Center	YES	NO	YES	NO	NO
Research Medical Center	YES	NO	YES	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	YES: Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	YES	YES: Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	YES: Level 2	YES

2020 DENTAL PLAN



Dental Service Type	Blue Dental PPO Providers	Blue Dental Choice Providers	Non-Participating Providers
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$75 individual / \$225 family		
Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year 	100%	100%	100%
Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery 	90%	90%	80%
Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures 	60%	60%	50%
Type IV-Orthodontia Services <ul style="list-style-type: none"> • Adult and children covered 	50%	50%	50%
Dependent Limiting Age	26		
Orthodontia Lifetime Maximum	\$2,000 Combined per Covered Person Dental Rewards does not apply		
Calendar Year Maximum	\$2,000 Combined per Covered Person Preventive does not apply towards Calendar Year Maximum		
Dental Rewards	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.		

NEED TO KNOW!



Remain on your Current Plan

Continue to use the same Blue KC I.D. Card



NEW! EPO Plan

Members will receive a **new Blue KC I.D. card**



Dedicated City of KCMO Customer Service Line

(816) 395-2969 or (800) 422-7318



Check if your providers are in-network by following the specific steps mentioned in this presentation, especially if you might choose the new EPO plan.

Thank You!

FOR MORE INFORMATION

City of KCMO Dedicated Customer Service:

(816) 395-2969 or Toll free: 800-422-7318

Blue Connect enrollment assistance

(816) 395-3380 M-F 8AM-5PM

Your Blue KC Member Portal:

MyBlueKC.com



Kansas City

